

**INSTRUCTIONS FOR COMPLETING  
REQUEST FOR PREPAYMENT OR  
REIMBURSEMENT OF EXPENSES FORM**

**1) ELIGIBILITY**

Attorneys appointed to represent indigent civil litigants in cases pending on or after January 1, 1983 may be eligible to request prepayment or reimbursement of expenses associated with pro bono matters before the U.S. District Court for the Northern District of Illinois. For complete information on eligibility and restrictions on prepayment or reimbursement, please refer to the Regulations Governing the Prepayment and Reimbursement of Expenses in Pro Bono Cases, which are Appendix E of the Court's Local Rules. The regulations are available on request from the Clerk's Office, and may also be found with the local rules on the Court's web site, at <http://www.ilnd.uscourts.gov>.

**2) FILING DEADLINES**

A request for Prepayment or Reimbursement of Expenses may be filed any time during the pendency of the civil action and up to thirty (30) days following the entry of a judgment order. If an attorney appointed to represent an indigent civil litigant is granted leave to withdraw as appointed counsel, any request for reimbursement of expenses must be filed within ninety (90) days of the entry of the order granting leave to withdraw.

**3) COMPLETING THE FORM**

Please complete each item, noting in particular whether the request is for prepayment or reimbursement of expenses, the amount of previous payments from the fund (if any), and the date of a judgment order or order granting leave to withdraw, if any. If no designation is made as to whom a payment check shall be made payable, the check shall be made payable to the attorney. Please attach one copy of all documentation required by Regulation 3(b) of the Regulations Governing the Prepayment or Reimbursement of Expenses in Pro Bono Cases. The request form should be submitted to the Attorney Admissions Coordinator.

**4) REVIEW AND APPROVAL PROCEDURES**

The assigned judge may approve the prepayment or reimbursement of expenses for amounts up to and equal to \$1000.00. Where the amount requested plus the amount of previous payments is less than or equal to \$1000.00 and the assigned judge approves payment the assigned judge shall forward the request form to the Clerk for payment. Where the amount requested plus the amount of previous payments exceeds \$1000.00 the assigned judge shall forward the request to the Chief Judge with a recommendation for approval. The Chief Judge may approve the prepayment or reimbursement of up to \$2000.00 for each party represented by appointed counsel. Where appointed counsel represents several parties, the Chief Judge may approve up to \$6000.00 for prepayment or reimbursement. Upon approval, the Chief Judge shall forward the form to the Clerk for payment.

**5) ADDITIONAL INFORMATION**

For additional information regarding this form or the Regulations Governing the Prepayment and Reimbursement of Expenses in Pro Bono Cases, please contact:

Attorney Admissions Coordinator  
U. S. District Court  
219 S. Dearborn Street, Room 2058  
Chicago, Illinois 60604  
(312) 435-5771

# United States District Court for the Northern District of Illinois

<p style="text-align: center;"><b>REQUEST FOR PREPAYMENT OR REIMBURSEMENT OF EXPENSES</b></p> <p><i>Please refer to instructions for assistance in completing this form. Please type or print using a ballpoint pen.</i></p>	<p>VOUCHER NUMBER: DCF- _____</p> <p>VERIFIED: _____</p> <p>CHECK NUMBER: _____</p> <p>DATE ISSUED: _____</p>
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Assigned Judge: _____	Case Number: _____
Case Title: _____	
Name of Party Represented: _____	Date Appointed: _____
Request for: <input type="checkbox"/> Prepayment <input type="checkbox"/> Reimbursement (Check One)	
Check box if previous payments have been made in this case: <input type="checkbox"/> Amount: \$ _____	
Judgment Entered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Judgment: _____	
If applicable, date of order granting leave to withdraw: _____	
Has a fee award been made to you in this case? _____	

Attorney's Name: _____	Make check payable to: <input type="checkbox"/> Attorney <input type="checkbox"/> Firm
Firm or Business Name: _____	
Street Address: _____	Suite Number: _____
City: _____	State: _____ Zip: _____ Business Phone: _____

## ITEMIZED EXPENSES

*Please refer to the Regulations Governing the Prepayment and Reimbursement of Expenses in Pro Bono Cases for guidance on approvable itemized expenses.*

Depositions and Transcripts. . . . .	\$ _____
Investigative, Expert or Other Services. . . . .	\$ _____
Travel Expenses. . . . .	\$ _____
Service of Papers/Witness Fees. . . . .	\$ _____
Interpreter Services. . . . .	\$ _____
Photographs, Photocopies, Telephone Toll Calls, Telegrams. . . . .	\$ _____
Other (Please attach description). . . . .	\$ _____
<b>TOTAL AMOUNT CLAIMED. . . . .</b>	<b>\$ _____</b>

(NOTE: Maximum allowable payments are \$2,000 per party, \$6,000 per case)

I swear to (or affirm) the truth and correctness of the above statements and that each of the listed expenses are/were, in my best judgment, necessary for the adequate preparation of the above-named case. Further, I swear (or affirm) that this request is made in the absence of other sources of prepayment or reimbursement and that if any of these expenses are otherwise recovered, I shall return an equivalent amount to the District Court Fund.

	_____ Attorney's Signature	_____ Date	
<b>APPROVED FOR PAYMENT</b>	_____ Assigned Judge's Signature	_____ Date	_____ Amount Approved
	If the total amount approved exceeds \$1,000, the approval of the Chief Judge is required.		
	_____ Chief Judge's Signature	_____ Date	_____ Amount Approved